

Volunteer Driver Application

Name: (Please Print) _____

Address: _____

City: _____ State: _____ Zip Code: _____

I can be reached at (complete all that apply)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Occupation: _____ Date of Birth: _____

Emergency Contact: Name: _____

Phone: _____

Driver's License Number: _____ State: _____

Expiration Date: _____ Class: _____

Insurance Company Name: _____

Insurance Company Phone: _____

Bodily Injury Limit: _____ Property Damage Limit: _____

How long have you been driving in NH? _____

We require that all volunteers attend an orientation session. Would you be able to participate in this session? Yes _____ No _____

Would you be willing to assist in volunteer recruitment? Yes _____ No _____

What type of car do you drive? 2 door _____ 4 door _____

Year: _____ Make: _____ Model: _____

How many passengers does your vehicle carry? _____

Have you been involved in a car accident in the past five years? Yes _____ No _____

If yes, please explain the circumstance including accident date, nature of accident, if you were at fault and any fatalities or injuries.

Have you received a traffic violation in the last five years? Yes _____ No _____

Please explain the violation. _____

Are you volunteering for this program pursuant to any court ordered community service?

Yes _____ No _____ If yes, please explain circumstances: _____

Have you ever been convicted of any type of felony or misdemeanor involving a vehicle?

Yes _____ No _____ Please explain if yes: _____

Do you have any health problems that might affect your driving? Yes _____ No _____

If yes, please explain: _____

INSURANCE STATEMENT

All volunteers operating personal vehicles for the business of Tri-County Transit will be insured under the agencies auto liability policy, but only under the conditions listed below:

- In excess of the volunteer's personal auto liability coverage and policy limits
- To the extent of bodily injuries to third parties and/or physical damage to third party vehicles or property of others.

Tri-County Transit's auto insurance policy does not cover bodily injury to the volunteer or physical damage to the volunteer's vehicle.

The volunteer is required to maintain minimum required auto liability limits as mandated by the state in which the volunteer drives. Tri County CAP suggests that volunteers:

- Maintain third party liability limits of at least \$100,000 per person bodily injury, \$300,000 per accident, and \$100,000 property damage.
- Add uninsured/underinsured motorist coverage for their vehicle
- Maintain personal medical insurance or, through their auto policy, purchase medical payments coverage or personal injury protection (as required by no-fault states) to ensure bodily injury protection for themselves.

I hereby apply for service as a volunteer driver. I understand and agree to comply with the policies and procedures of Tri-County Transit. I understand that I will be using my personal automobile in my volunteer service. I also understand it is the policy of Tri-County Transit that all passengers and drivers must at all times be seat belted when riding in the vehicle. I will not transport a passenger who refuses to fasten or have their seatbelt fastened unless excused from this requirement with a certificate from their primary health care provider.

Reservation of Rights of Refusal: I realize that Tri-County Transit, in its sole discretion, reserves the right to refuse the offer of services of any potential volunteer. Notwithstanding the foregoing, I understand that this refusal shall not be based upon any criteria that would violate either state or federal law, including but not limited to, color, race, religion, national origin, age, or any other protected classification.

All information disclosed by you or otherwise obtained by Tri-County Transit shall be fully protected in accordance with the organizations privacy and confidentiality policies.

Applicant Signature

Date

Mail or return to: Tri-County Transit, 31 Pleasant St., Berlin NH 03570

Notice to All Users of This Form: As an employer and user of consumer reports, it is your responsibility to ensure compliance with all of the relevant federal, state and local laws governing this area. This form is provided solely as a courtesy and should not be construed as legal advice. It is important that prior to using this or any form, you consult with your legal counsel.

DISCLOSURE AND AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS
Tri County CAP Inc. 31 Pleasant St. Berlin NH 03570 603-752-1741

DISCLOSURE

By signing below, you acknowledge and understand that in connection with your application for employment with Tri-County Transit (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment* (if hired), we may obtain a "consumer report" and/or an "investigative consumer report" on you from TRAK-1, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law. A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others. You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from

various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made. You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in Tri County CAP Transit files on you at the time of your request by providing proper identification and the payment of any legally permissible fees. You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to TRAK-1 should be forwarded to:

Trak-1 | Consumer Disputes | 7131 Riverside Parkway | Tulsa, Oklahoma 74136

CALIFORNIA APPLICANTS: California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

MAINE APPLICANTS: Pursuant to Maine state law, § 1317(2), Trak-1 is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer.

THE FAIR CREDIT REPORTING ACT GIVES YOU SPECIFIC RIGHTS IN DEALING WITH CONSUMER REPORTING AGENCIES. YOU WILL BE GIVEN A SUMMARY OF THESE RIGHTS TOGETHER WITH THIS DOCUMENT.

AUTHORIZATION

By signing below, you hereby authorize, without reservation, TRAK-1 or any third party contacted by this organization to furnish the abovementioned and requested information. You further authorize ongoing procurement of the above-mentioned information, reports and records at any time during your employment or contract or in the course of considering you for employment. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Tri County Cap Transit with any and all background information in their possession regarding you, so that your employment qualifications may be evaluated and/or reassessed.

ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS

By signing below, I certify: (1) that I have read and fully understand this disclosure and authorization; (2) that all of the information I am providing is true, complete, correct and accurate; and (3) that I have received the attached Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

The following is information required in order for Tri-County Transit to obtain a complete consumer report:

Full Legal Name: _____
(First, Full Middle Name, Last Name)

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth*: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Former Namers: (AKA, Maiden Names, Married Names, Surnames, Etc.) _____

Customer Signature: _____ Date: _____

** This information will be used for background screening purposes only.*

Check this box if you are a Minnesota, Oklahoma, or California applicant, and you would like to receive a copy of your consumer report, if one is obtained. For California applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For Minnesota applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For Oklahoma applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

NOTICE TO CALIFORNIA APPLICANTS ONLY: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Tri-County Transit (the “Company”) intends to obtain information about you for employment purposes from an investigative consumer reporting agency or consumer credit reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Trak-1, 7131 Riverside Parkway, Tulsa, Oklahoma 74136. The source of any credit report will be Trak-1, 7131 Riverside Parkway, Tulsa, Oklahoma 74136. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.